

Softshell Clam Transplant Permit Application

REQUIREMENTS FOR TRANSPLANTING CLAMS WITHIN THE MUNICIPAL SHELLFISH PROGRAM

A community must have a permit from the Maine Department of Marine Resources (DMR) to possess undersized soft shell clams (*Mya arenaria*). This permit will allow the municipality to possess sub legal clams for the purpose of reseeding shellfish areas. Without such a permit, the diggers may be in violation of state law.

The following guidelines should be followed while transplanting clams from all sources:

- 1) The activity will take place during daylight hours.
- 2) The activity will take place on designated days.
- 3) The activity should take place under the supervision of the town's shellfish officer or a designee of the Shellfish Committee.

The following guidelines must be followed when taking seed clams from a Closed or Restricted area.

- 1) All clams harvested must be less than 1.5" in the longest diameter. This is a no tolerance policy.
- 2) The harvest area must be marked by orange flags.
- 3) There must be a designated landing point for product that is included in the application.
- 4) During harvesting activities, harvest crew diggers shall remain in the same area, close enough for immediate supervision of all diggers at all times by the representative of the shellfish committee. The period of harvesting activity will be considered the time from which the names of the diggers are taken by the representative of the shellfish committee until the clams are landed at the designated landing point.
- 5) The method and route of the transportation of product to the receiving area must be submitted to DMR at the time of application.

NOTE: Areas seeded with clams taken from Depuration or Prohibited (Closed) areas must be closed for a period of at least 6 months.

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PROCEDURE

In order to obtain a permit the Shellfish Conservation Committee (SFC) must do the following:

1. Fill out the attached application
2. Send the completed form, at least three (3) weeks prior to the requested date, to the appropriate area biologist from the list below:

York, Cumberland and Sagadahoc Counties

Donald Card Tel/Fax: 207-443-5147
72 Indian Carry Rd.
W. Bath, ME 04530

Lincoln, Knox and Waldo Counties

Ron Aho Tel/Fax: 207-586-5572
118 Kings Highway
Newcastle, ME 04553

Hancock County

Hannah Annis Tel/Fax: 207-469-6134
22 Charlie Star Lane
Orland, ME 04472

Washington County

Denis-Marc Nault Tel/Fax: 207-422-2092
60 Harborview Drive
Sullivan, ME 04664

3. Marine Patrol in either W. Boothbay Harbor at Division I (207-633- 9595) or Lamoine at Division II (207-667-3373) must be notified on the morning of the activity, or if the activity is initiated prior to the start of the normal business day or occurring on a weekend, the previous business day, of the following:

A) The name of the supervisor

B) The area of the activity

- i) The name of the supervisor
- ii) The number of diggers involved
- iii) The area of the activity

4. **The supervisor of the activity will have in his possession a copy of the permit from the Department for the activity and a list of names of diggers involved.**

5. Questions and comments should be addressed to the appropriate Area Biologists from the list above

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TO: **Area Biologist**

Date of Application: _____

FROM: The town of _____ requests a permit to possess under sized clams for the purpose of transplanting.

Contact Person for the town:

Name _____ Title _____

Address _____

Telephone _____ Fax: _____

Please answer the following:

1. Who will be the supervisor of seeding operation? _____
Title _____ Telephone # _____ Fax#: _____
2. What is the source of seed clams? (Please mark one)
A. Natural _____ Please name the source area and attach a map showing the source area: _____
B. Hatchery _____ Please name the hatchery: _____
C. Other _____ Describe: _____
3. Please indicate the State classification of the seed source area:
Approved (Open) _____ (Go to #4)
Prohibited (Closed) _____ (Go to #10)
Restricted (Depuration) _____ (Go to #10)
4. What day and time will the seed clams be harvested? Date: _____ Time: _____
5. What is the destination of seed clams? (Please attach a map of the area)
Destination Name: _____
6. What day and time will the seed clams be planted? Date: _____ Time: _____
7. How will the success of this project be monitored?
8. Is the seeded area being closed to harvest of clams?
9. Are predator controls being used? _____ If yes please describe:

If Hatchery seed or Open area clams are used, no further questions need to be answered. If Closed Area clams are used, please go to #10.

CLOSED/RESTRICTED AREA SOURCE SEED CLAMS

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**PLEASE NOTE:
CLOSED/RESTRICTED HARVEST AREA MUST
BE MARKED BY ORANGE FLAGS**

10. What day and time will the seed clams be harvested? Date: _____ Time: _____
11. What is the destination of seed clams? (Please attach a map of the area)

12. How will the seed clams be moved to the planting site? _____
13. If seed clams are transported by car, where will the clams be landed? (please note that clams from Closed and Restricted areas must be planted immediately. No storage is allowed)
14. What day and time will the seed clams be planted? Date: _____ Time: _____
15. How will the success of this project be monitored? _____
16. Is the seeded area being closed to harvest of clams?

NOTE: Areas seeded with clams taken from Depuration or Prohibited (Closed) areas must be closed for a period of at least 6 months.

17. Are predator controls being used? _____ If yes please describe: